

Secretary of State Office  
500 E Capitol Ave  
Pierre, SD 57501  
(605)773-4845

# APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOREIGN BUSINESS CORPORATION

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

**FILING FEE: \$10** payable to SECRETARY OF STATE

Telephone # \_\_\_\_\_

FAX # \_\_\_\_\_

1. The name of the corporation is \_\_\_\_\_

Note: This must be the exact corporate name.

2. It is incorporated under the laws of the state of \_\_\_\_\_

3. It is not transacting business in this state and it surrenders its authority to transact business in this state.

4. It revokes the authority of its registered agent to accept service on its behalf.

5. The address of its principal office (this is the address of the executive offices of the corporation),

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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The application must be signed by an authorized officer of the corporation.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of an authorized officer)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)